

Cumberland Springs Bible Camp 2009 Retreat Registration Form

Office Use Only					
Date Rec.					Full
Am't Pd.:					Partial
Event					Early
Bal Due					Other

The Retreat Registration Form, Health Information Form, and the Permission Box must be filled out completely for attendance at CSBC retreats.

Please register early (call or email)!

Camper Info

Name _____

Address _____

City _____ State _____ ZIP _____

____ Boy ____ Girl Date of Birth _____

Registration Information

2009 Winter/Spring Retreats

____ Teen Retreat -----Feb 28 \$20
Ages 13 - 18 (9:00 – 5:00 Saturday)

____ Leadership Retreat* -----Mar 13 - 14 \$10
Ages 14 - Up (7:00 pm Friday – 4:00 pm Saturday)

____ College Retreat -----Mar 27 - 28 \$35
College Age (7:00 pm Friday – 4:00 pm Saturday)

____ Tween Retreat -----Apr 3 - 4 \$30
Ages 11- 13 (7:00 pm Friday – 4:00 pm Saturday)

____ Junior Retreat -----May 8 - 9 \$30
Ages 14 - Up (7:00 pm Friday – 4:00 pm Saturday)

____ Family Day -----May 23 TBA
Ages TBA (9:00 – 4:00 Saturday)

* Special rate for CSBC Staff (real special)

** Supper is not served for retreats beginning on Friday night.

Please register early!!

Please e-mail or call us to let us know you are coming.
Then, just bring your forms when you come.

Contact information:

Cumberland Springs Bible Camp

P. O. Box 455

Dayton, TN 37321

(423) 775-3148

e-mail: camp@cumberlandsprings.org

Parent/Emergency Info

Custodial parent(s)/guardian(s):

Name _____

Phone () _____ Phone () _____

Name _____

Phone () _____ Phone () _____

Camper lives with _____ Both parents _____ Mother only

_____ Father only _____ Other

Person to notify in case of emergency if parents/guardians cannot be reached:

Name _____

Relationship to camper _____

Phone () _____ Phone () _____

We need completed registration / health / permission forms for each calendar year. However, if the camper attends multiple activities during the year, we can carry the information over. Call us to verify the information.

Cumberland Springs Bible Camp Health Information & History and Permission Form

This form is to be filled out by a parent or guardian of the camper.

Camper's Name _____ Camper's Social Security number _____

Is the camper covered by family medical/hospital insurance? ____ Yes ____ No

If so indicate carrier or plan name _____

Name of insured _____ Relationship to camper _____

Social Security number of policy holder or insurance ID number _____

Please include a photocopy of insurance card—front and back. (Copies can be made at registration.)

Family Doctor _____ Phone _____

Are immunizations up to date? ____ Yes ____ No If not, please explain. _____

Allergies:

Type of allergy: _____

Describe the reaction and the management of the reaction.

Recent exposure to contagious disease? ____ Yes ____ No

If yes, please describe. _____

Medications being taken:

Describe the dosage and frequency of administration

Chronic or recurring illness or medical condition

Any restriction to activity

Please describe any other health or medical concern or any other restriction to activity. (Use the back of this page if necessary.)

Parental Permission

Camp activities include strenuous outdoor activities and out of camp travel in camp vehicles. As with most activities in life, there is an inherent risk in participating in these activities. By signing below you are indicating that you understand the risk involved in camp activities and you are giving permission for your child/ward to participate in all activities. All activities are well-supervised, with an emphasis on safety.

Important --this statement must be signed for attendance.

I give full permission for my child to participate in camp activities and for out of camp program travel (any exceptions are noted on the Health Information and History form). It is the intention of the undersigned by this instrument to exempt and release TMM Ministries, Inc. and Cumberland Springs Bible Camp from all liability or responsibility whatsoever for personal injury, property damage, or death of my child. In addition, if the camper needs emergency medical or surgical treatment, I hereby authorize Camp officials to stand in my stead to authorize needed care, with the understanding that reasonable effort will have been made to contact me prior to such authorization. I also understand that pictures will be taken during my child's time at camp, and I give permission for pictures containing my child's likeness (and/or my likeness) for the promotion of CSBC camp ministry. This completed form may be photocopied for trips out of camp.

I understand that my insurance will be filed as the primary carrier. In the event that no insurance is provided by the family, Cumberland Springs Bible Camp's Medical Supplement will be filed within the prescribed limits.

Signature of parent or guardian

Date

**We must have a completed and
signed permission form for each camper.**